| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | Application or Docket Number 10 / <i>5</i> /83 778 | | | |
|---|----------------|----------------------------------|---------------|------------------------------------|---------------------|------------------|--------------|----------------|---|---------|--------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMAI TYPE | LL ENT | | | | |
| U.S. NATIONAL STAGE FEES | | | | | | | R/ | ATE | FEE | 1 | RATE | FEE |
| BASIC FEE | | | | | | | BASIC | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | | EXAM. | FEE | | 1 | EXAM. FEE | 200 |
| SEARCH FEE | | | 1 | | | | SEARC | H FEE | | 1 | SEARCH FEE | 1/00 |
| FEE FOR EXTRA SPEC. PGS. | | | mir | nus 100 = | | / 50 = | X \$ | X \$ 125 = | | 1 | X \$ 250 = | 400 |
| тот | TAL CHARGEAE | BLE CLAIMS | 23 mi | ninus 20 = | * | 3 | | 25 = | | OR | X \$ 50 = | 100 |
| INDE | EPENDENT CL | AIMS | 3, | 3 minus 3 = * | | | X \$ | 100 = | | OR | X \$ 200 = | 1/J |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | | <u> </u> | 180 = | | OR | + \$ 360 = | ļ |
| * If | the difference | in column 1 is | less than zer | less than zero, enter "0" in c | | | | TAL | | OR | TOTAL | 1050 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | SM | ALL E | NTITY ADDI- | OR | OTHER I | | |
| ENT A | | REMAINING AFTER AMENDMENT | | PREVIO PAID F | DUSLY | PRESENT EXTRA | R.A | NTE | TIONAL FEE | | RATE | TIONAL FEE |
| AMENDMENT | Total | * | Minus | ** | | = | × \$ | 25 = | | OR | X \$ 50 = | |
| AME | Independent | * | Minus | *** | | = | X \$ ^ | 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF M | IULTIPLE DEP | TIPLE DEPENDENT CLAIM | | | + \$ 1 | 180 = | | OR | + \$ 360 = | |
| | | | | | | | | ADDIT. FF | | OR | TOTAL ADDIT. | |
| | | (Column 1) | | (Colum | nn 2) | (Column 3) | | | | | | |
| NT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIOU PAID F | EST BER DUSLY | PRESENT EXTRA | RA | TE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT B | Total | * | Minus | ** | - | = | × \$: | 25 = | | OR | X \$ 50 = | |
| AMEN | Independent | * | Minus | *** | | = | X \$ 1 | 00 = | | OR | X \$ 200 = | |
| | FIRST PRES | SENTATION OF M | IULTIPLE DEP | 'ENDENT C | LAIM | | + \$ 1 | = 08 | | OR | + \$ 360 = | |
| | | | | | | | TOTAL | | | OR | TOTAL ADDIT. | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE Is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |